

|  |                        |                  |
|--|------------------------|------------------|
| <b>REVOCATION OF POWER<br/>OF ATTORNEY WITH<br/>NEW POWER OF ATTORNEY<br/>AND CHANGE OF<br/>CORRESPONDENCE ADDRESS</b> | Application Number     | 10/772,801       |
|  | Filing Date            | February 5, 2004 |
|  | First Named Inventor   | Joseph Kubler    |
|  | Art Unit               | 2185             |
|  | Examiner Name          |                  |
|  | Attorney Docket Number | 481062.411       |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **35243**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **35243**

**OR**

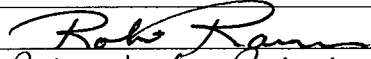
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|--|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name |  |       |  |     |  |
| Address  |  |       |  |     |  |
| City   |  | State |  | Zip |  |
| Country  |  |       |  |     |  |
| Telephone  |  | Email |  |     |  |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

| SIGNATURE of Applicant or Assignee of Record |   |      |                          |
|--|---|------|--------------------------|
| Signature                                    |  | Date | <b>February 12, 2007</b> |
| Name   | Robert G. Rainier   |      |                          |
| Title and Company (Assignee)                 | Vice President<br>Intermec IP Corp.   |      |                          |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.